STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A life safety survey was conducted by the state of Tennessee Department of Health, Division of health licensure and regulation office of health care facilities on 7/17/17. During this life safety survey, Baptist Health Care Center was not found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life safety from fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000	K 291: **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** All emergency lighting in facility was tested for 90 minutes on 7-18-17 and 7-19-17. **How the facility will identify other Residents having the potential to be affected by the same deficient practice.** All residents have the potential to be affected. On 7-18-17, the Maintenance Director in-serviced the maintenance staff to ensure they understand the life safety code for testing emergency lighting for 90 minutes annually. **What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.** On 7-18-17, the Maintenance Director made changes to the Preventative Maintenance Form that is used for emergency lighting checks to provide	
K 291 SS=F	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain emergency lighting with battery backup. This deficiency affected 8 of 8 smoke compartments. NFPA 101, 19.7.6 NFPA 101, 7.9.3.1.1(3) The finding includes: Observation and interview with the maintenance director on 7/17/17 at 9:41 AM revealed the emergency lighting with battery backup was not being tested for 90 minutes annually. The maintenance director was present when the	K 291		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melissa A. Franklin	Administrator	8/11/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A life safety survey was conducted by the state of Tennessee Department of Health, Division of health licensure and regulation office of health care facilities on 7/17/17. During this life safety survey, Baptist Health Care Center was not found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life safety from fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 291 SS=F	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain emergency lighting with battery backup. This deficiency affected 8 of 8 smoke compartments. NFPA 101, 19.7.6 NFPA 101, 7.9.3.1.1(3) The finding includes: Observation and interview with the maintenance director on 7/17/17 at 9:41 AM revealed the emergency lighting with battery backup was not being tested for 90 minutes annually. The maintenance director was present when the	K 291	K 291 Continued a check box for annual 90 minute testing. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.** The Maintenance Director or Administrator will report findings of the Preventative Maintenance Log to the monthly Quality Assurance Performance Improvement Committee (members include: Committee Chairperson – Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative; Staff Development Coordinator; Rehabilitation Director and Medical Records Director.) ongoing for further suggestions and/or follow up as needed. **Date of Compliance: 8-17-17**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melissa A. Franklin	Administrator	8/11/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 291	Continued From page 1 deficiency was identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 291	**K 324:** **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** The stove/griddle was secured to the wall on 7-19-17 to prevent over extension of the gas line. **How the facility will identify other Residents having the potential to be affected by the same deficient practice.** The Maintenance Director in-serviced the maintenance staff on 7/19/17 to ensure they fully understand the preventative maintenance schedule and the components to what needs to be inspected such as ensuring stove/griddle secured to the wall and prevention of over extending the gas line. **What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.** A preventative maintenance form was put in place on 7/19/17 to check all equipment and safety functions of the	
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the commercial cooking equipment. This deficiency affected 1 of 8 smoke compartments. NFPA 101, 19.7.6	K 324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 291	Continued From page 1 deficiency was identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 291	K 324 continued dietary department. This will be completed monthly ongoing beginning on 7/19/17.	
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the commercial cooking equipment. This deficiency affected 1 of 8 smoke compartments. NFPA 101, 19.7.6	K 324	**How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.** The Maintenance Director or Administrator will report findings of the Preventative Maintenance Report to the monthly Quality Assurance Performance Improvement Committee (members include: Committee Chairperson – Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) ongoing for further suggestions and/or follow up as needed. **Date of Compliance: 8-17-17**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 324	Continued From page 2 NFPA 54, 18.5.4.4.7 The finding includes: Observation and interview with the maintenance director on 7/17/17 at 10:24 AM revealed the stove/griddle was on casters and not secure to prevent overextension of the flexible gas line. The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 324	**K 711:** **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** Dietary staff was in-serviced on how and when to use the hood suppression system by the Maintenance Director on 7-18-17. The Fire Plan was updated by the Maintenance Director on 8/8/17 to include that the front nursing station nurse is to dial 911 when fire alarm sounds as a back up to notifying emergency services. **How the facility will identify other Residents having the potential to be affected by the same deficient practice.** All residents have the potential to be affected. All staff in all departments will be in-serviced on the updated Fire Plan by 8-17-17 which includes front nursing station nurse notifying 911 when fire alarm sounds as a back up to notifying emergency services. All new hire staff will be in-serviced during their orientation period. Dietary staff were in-serviced by the Maintenance	
K 711 SS=F	NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure required documents and training were being maintained. This deficiency affected 8 of 8 smoke compartments. NFPA 101, 19.7.2.2(3) NFPA 96, 10.5.7	K 711		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 711	Continued From page 3 The findings include: Observation, record review and interview with the maintenance director on 7/17/17 between 10:02 AM and 10:15 AM revealed; 1. There was no backup 911 call to the fire department. 2. One of two dietary staff interviewed was not familiar with the hood suppression system and components. The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 711 Continued	Director on 7-18-17 on how and when to use the hood suppression system. **What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.** The Maintenance Director will monitor dietary staff knowledge on how and when to use the hood suppression system monthly ongoing utilizing a log to record responses and any extra training on the system that was completed. This will be initiated on 8/9/17. The Maintenance Director will ensure during fire drills that staff are able to voice that the front nursing station nurse will dial 911 in addition to the fire alarm sounding and keep record of such along with any additional documentation for training that is needed. This will be initiated by8/17/17. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.** The Maintenance Director or Administrator will report findings of the Hood Suppression Log and results of the Fire Drills to the monthly	
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure.	K 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETION DATE
K 711	Continued From page 3 The findings include: Observation, record review and interview with the maintenance director on 7/17/17 between 10:02 AM and 10:15 AM revealed; 1. There was no backup 911 call to the fire department. 2. One of two dietary staff interviewed was not familiar with the hood suppression system and components. The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 711 Continued	Quality Assurance Performance Improvement Committee (members include: Committee Chairperson – Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) ongoing for further suggestions and/or follow up as needed. **Date of Compliance: 8-17-17**	
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure.	K 920	**K 920:** **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** The multi-plug adaptors were removed from Room 43 and 42 on 7/20/17 and replaced with regulatory compliant equipment on 7/20/17. The extension cord was removed from Room 41 on 7/20/17 and replaced with regulatory compliant equipment on 7/20/17.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETION DATE
K 920	Continued From page 4 Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure electrical system was maintained. This deficiency affected 1 of 8 smoke compartments. NFPA 101, 19.7.6 NFPA 99, 10.2.4 The findings include: Observation and interview with the maintenance director on 7/17/17 between11: 50 AM and 11:59 AM revealed; 1. Room 43 the hospital bed was plugged into a multi-plug adapter. 2. Room 42 a multi-plug adapter in use in the patient care area. 3. Room 41 the oxygen concentrator was plugged into an extension cord in the patient care area. The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 920	**How the facility will identify other Residents having the potential to be affected by the same deficient practice.** All residents have the potential to be affected. A full facility assessment by the Maintenance Director was conducted on 7/18/17 to ensure no further multi-plug adaptors or extension cords were in use. **What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.** Weekly room checks were initiated on 7/18/17 to be performed by the maintenance department to ensure no further issues with unapproved multi-plug adaptors or extension cords ongoing. Only UL 1363A power strips to be utilized if needed in the facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	44E445	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	700 WILLIAMS FERRY RD LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 920	Continued From page 4 Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure electrical system was maintained. This deficiency affected 1 of 8 smoke compartments. NFPA 101, 19.7.6 NFPA 99, 10.2.4 The findings include: Observation and interview with the maintenance director on 7/17/17 between11: 50 AM and 11:59 AM revealed; 1. Room 43 the hospital bed was plugged into a multi-plug adapter. 2. Room 42 a multi-plug adapter in use in the patient care area. 3. Room 41 the oxygen concentrator was plugged into an extension cord in the patient care area. The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 7/17/17.	K 920	**How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.** The Maintenance Director or Administrator will report findings of the Weekly Room Checks to the monthly Quality Assurance Performance Improvement Committee (members include: Committee Chairperson – Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) ongoing for further suggestions and/or follow up as needed. **Date of Compliance: 8-17-17**	

8/17/17